

LPN ENDORSEMENT APPLICATION INSTRUCTION LETTER

IMPORTANT INFORMATION about your ability to practice nursing

You may not work as a nurse in Missouri without a current Missouri nursing license or other compact state license. This includes orientation as well as any other employment in which you are being compensated as a nurse, regardless of whether or not the position includes hands on patient care. If you now live in a compact state and are moving to Missouri, you can work in Missouri for 90 days on your compact state license. For a current list of states in the compact go to www.ncsbn.org

You are required to abide by the laws in the state in which you practice nursing. You can view and/or print the State of Missouri Nursing Practice Act from the board's web site at www.pr.mo.gov/nursing

Nurse Licensure Compact

The Nurse Licensure Compact became effective in Missouri on June 1, 2010 allowing nurses licensed in Missouri to practice in other compact states. A nurse may hold only one compact license and it must be issued by his/her state of primary residence. **If you declare your primary state of residence to be a compact state other than Missouri and you will not be moving to Missouri, you should not apply for licensure in Missouri.** If you currently reside in a compact state other than Missouri and will change your primary residence to Missouri within the next 90 days, you may declare primary residency in Missouri. You may be required to provide proof of residency, which may include a Missouri driver's license, voter registration or income tax return. If you declare a non-compact state as your state of primary residence, and you meet all other requirements for licensure in Missouri, you will receive a single-state license valid for practice only in Missouri. For a list of states participating in the Compact or additional information about the Compact go to <http://www.ncsbn.org/>

What Do I Send To The Board Office?

- Completed, signed and notarized application
- \$51.00 fee - Make check or money order payable to Missouri State Board of Nursing. The fee may be a money order, cashier's check or personal check. The fee is non-refundable.

What Else Do I Do?

- Have your license verified by your original state of licensure. Go to www.nursys.com and click on *Get a License Verified*.
- Request that your nursing education program submit an official final transcript. The transcript must include your current name, date of completion, degree or diploma awarded, signature if the director/registrar and the school seal or stamp. If educated in a foreign country or Canada see section "If You Are Educated Outside the United States" for additional information regarding transcript requirements.

Criminal background checks – Do this at least two weeks after you submit your application to the Board

Step 1: Go to www.machs.mo.gov and register using the 4 digit registration number of **0001 (three zeroes followed by a one)**. **The name, date of birth and social security number you use to register with MACHS must match that same information on your application to the board. If it does not, you may be required to complete this process again at your expense and this will delay processing your application.** After you register, you will receive a TCN number. You will want to register with the fingerprint portal.

Step 2: Write down your TCN number.

Step 3: Click on Fingerprint Sites near the top of the web site at www.machs.mo.gov to find a fingerprint location. Once you click on Fingerprint Sites, a map will be displayed. Click on the county you desire, then click on a preferred location. You will then see the location address and hours of operation.

Step 4: Take your TCN number and a valid government issued ID with you to the fingerprint location.

Step 5: Get your prints taken and obtain a fingerprinting receipt.

Step 6: Retain your receipt for your records.

If you DO NOT register online first and take your TCN number with you to the fingerprint location, you WILL experience long wait times.

If you are not in Missouri and do not wish to drive to a Missouri fingerprint location, you still need to register as indicated in step 1 above. We recommend that you make payment online. You will then need to go to a law enforcement agency and obtain two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. **Write down the TCN number on the back of your Fingerprint Cards.** Mail your cards to: 3M Cogent, Missouri CardScan, 639 N Rosemead Blvd., Pasadena, CA 91107. To protect your identity, we recommend that you never put outgoing mail containing your personal identifying information in your mailbox. You should take it directly to a post office or drop it in a postal box. Do not mail the fingerprint cards to our office; we will destroy the cards and you will have to get printed again.

The total fee is \$44.80. This includes a State of Missouri search, a FBI search and the Cogent fee. Cogent is the state's vendor that processes fingerprints.

What Do I Need To Submit If I Answer Yes To Any of the Screening Questions In Section IV?

- A separate notarized statement that provides a complete narrative of the circumstances that occurred for EACH and EVERY question for which you answer yes. It would be helpful to include factors in your life that you feel may have contributed to your conduct, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.

- Supporting documents. This information need not accompany the application, but must be provided before a decision can be made regarding eligibility for a license.

Court Documents Examples Are (The court documents **MUST BE CERTIFIED** by the court.): Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), sections of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment and Sentence, Docket Sheet or other documents showing disposition of your case.

- records of attendance at AA, NA, or other aftercare program
- letter from support group sponsor
- character reference letters
- Other: Reference letters from faculty or program director; current or past employers or additional documents that clarify the situation and support your request for a license.

It is your responsibility to provide this information. If any supporting documents are missing or if your application requires review by the members of the Missouri State Board of Nursing, you will be contacted in writing.

General Information YOU Need To Know:

- If you qualify, you will automatically be issued a temporary permit valid for six (6) months. You may only be issued one (1) temporary permit in your lifetime.
- You may not practice nursing in the state of Missouri once your temporary work permit has expired unless you have been issued a current Missouri license.
- It is your legal and professional responsibility to inquire at the Board office before your application and/or Temporary Permit expires regarding the status of your application.
- You may not begin employment in Missouri or use the initials RN, or otherwise represent yourself as a nurse in this state unless you have been issued a Missouri license or Temporary Permit. This includes orientation and other nursing employment situations that may or may not include hands-on patient care.
- Your application will automatically be retired one year from the date it is received in our office if you fail to meet all licensure requirements. You will not be notified and will have to reapply if you desire to practice nursing in Missouri in the future.

IV-Certification Status

Pursuant to 20 CSR 2200-6.010 (10), if you are IV-certified in another state or compact state, your IV-certification status does not transfer to Missouri. If you wish to obtain IV certification in Missouri you may contact a course approved by the Missouri State Board of Nursing and request evaluation of the curriculum taken in another state. You may obtain a list of IV therapy program from our web site at <http://pr.mo.gov>. The IV therapy course coordinator may:

- Accept the course taken as equivalent to Missouri's requirements;
- Accept a portion of the curriculum taken and require you to complete any deficiencies before issuing a certificate; or
- Require you to complete the entire IV therapy course before issuing a certificate. The decision regarding acceptance of a transfer course or acceptance into an approved course is that of the institution providing the course.

Military Education For Licensed Practical Nurses

The **ONLY** military course accepted as an approved school of practical nursing by NSBN is the U.S. Army Practical Nurse Course #300-91C30.

If You Are Educated Outside The United States:

Foreign Educated Nurses - If you were licensed by examination in another state or territory and you received your nursing education outside of the United States, in Puerto Rico or in Canada, you need to have a credentials evaluation service, approved by the board, send our office a course-by-course evaluation report or have the Commission on Graduates of Foreign Nursing Schools (CGFNS) send our office your CGFNS certificate. A list of credentials evaluation services can be found on our web site or by contacting our office. A Temporary Permit cannot be issued until the course-by-course report or CGFNS certificate and evidence that you were originally licensed in another state or territory by a recognized examination are received and evaluated.

You will also have to provide evidence of English-language proficiency by any of the following:

- a) Test of English as a Foreign Language (TOEFL) www.toefl.org with a passing score of 540 on the paper examination or a passing score of 76 for the internet-based examination; or
- b) Test of English for International Communication (TOEIC) www.toEIC.com with a passing score of 725; or
- c) International English Language Testing System (IELTS) www.ielts.org with a passing score in the academic module of 6.5 and the Spoken Band score of 7

NOTICE

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the Governor on July 1, 2003.

"All persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns in the preceding three (3) years. If you have failed to pay your taxes or failed to file your tax returns, your license will be subject to immediate suspension within ninety (90) days of being notified by the Missouri Department of Revenue of any delinquency or failure to file pursuant to §324.010 RSMo.

You cannot be granted a license until you provide a United States social security number. Pursuant to 42 U.S.C. Section 666(1)(13), federal law requires each state to institute procedures to obtain the social security number of any applicant for a professional license or occupational license and requires that the social security number be recorded on the application.

Furthermore, section 324.024 RSMo, requires "every application for a license, certificate, registration, or permit or renewal of a license, certificate, registration, or permit issued in this state...contain the Social Security of the applicant. This provision shall not apply to an original application for a license, certificate, registration, or permit submitted by a citizen of a foreign country who has never been issued a Social Security number and who previously has not been licensed by any other state, United States territory, or federal agency. A citizen of a foreign country applying for licensure with the division of professional registration shall be required to submit his or her visa or passport identification number in lieu of the Social Security number."

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IMPORTANT INFORMATION REGARDING NURSE LICENSURE IN MISSOURI

Nursing Practice Act

You are required to abide by the laws in the state in which you practice nursing. You can view and/or print the State of Missouri Nursing Practice Act from the board's web site at <http://pr.mo.gov>

Nurse Licensure Compact

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CONTINUING EDUCATION

Missouri statutes do not require continuing education as a condition of either original or renewal licensure. You may wish to keep your own records on continuing education or ask your employer to keep records for you.

ADVANCED PRACTICE REGISTERED NURSING

If you plan to represent yourself or practice nursing in Missouri as an advanced practice registered nurse (Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, or Clinical Nurse Specialist) you must be formally recognized by the State Board of Nursing prior to beginning such activity. Please contact our office and request an Advanced Practice Registered Nurse Application.

The nurse licensure compact does not include advanced practice or prescriptive authority. Nurses licensed in a compact state must obtain these authorities in each state in which they practice.

EMPLOYMENT OPPORTUNITIES

This office does not have information regarding employment opportunities for nurses. If you would like information about employment in Missouri, you may wish to contact the local Chamber of Commerce for information regarding nursing employers in a particular city.

MALPRACTICE INSURANCE

This office does not handle malpractice insurance for nurses. You may wish to contact your professional organization for information regarding malpractice insurance.

EXPIRATION DATES

All current Registered Nurse licenses expire on April 30th of every odd numbered year. All current Licensed Practical Nurse licenses expire on May 31st of every even numbered year. Renewal notices are mailed approximately two months prior to the expiration date. The notices are mailed to the address this office has on file at that time. To ensure that your renewal notice is mailed to the correct address, please notify our office of any name and/or address changes as soon as it occurs.

MILITARY PERSONNEL

Military personnel are governed by federal laws and regulations. The Nurse Licensure Compact does not supersede that law. Federal government employers usually accept a nursing license from any state. If you choose to work outside a federal facility, you must hold a license in the state in which you practice.

NAME and/or ADDRESS CHANGES

You are required to notify the Board of Nursing immediately of any change of name or address.

Notification must be made in writing on a form provided by our office. The completed notification form can be faxed or mailed to the Board office. You can find a change form on the Board's web site at <http://pr.mo.gov/nursing.asp>

- Remember that Missouri is a member of the Nurse Licensure Compact which allows nurses licensed in Missouri to practice in other compact states. You may hold only one multistate license and it must be issued in your state of primary residence **If you move to another compact state, you must apply for a license in that state. That state will issue you a multistate license and then your Missouri license will be placed inactive. This is because you cannot hold a multistate license in Missouri if your primary state of residence is not Missouri.** If you move to a state that has not enacted the compact, your Missouri license will be converted to a single state license valid only in Missouri. You will need to contact the board of nursing in your primary state of residence to obtain a license in that state. For a list of states participating in the Compact or additional information about the Compact go to <http://www.ncsbn.org/>

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NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR LICENSE AS A LICENSED
PRACTICAL NURSE BY ENDORSEMENT**

Missouri State Board of Nursing
P.O. Box 656
Jefferson City, MO 65102-0656
(573) 751-0681
Text Telephone (TT) 1-800-735-2966 (Hearing
Impaired)
Website: <http://pr.mo.gov>
Email: nursing@pr.mo.gov

LPN-N

APPLICATION FEE IS NON-REFUNDABLE. APPLICATION IS RETIRED AND VOID IF REQUIREMENTS FOR LICENSURE ARE NOT MET WITHIN ONE YEAR FROM THE DATE THAT THE APPLICATION WAS NOTARIZED AND A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED TO BE CONSIDERED FOR LICENSURE.

FOR OFFICE USE ONLY

LIC. APP. BY	LICENSE DATE	LICENSE NUMBER	
ED EVAL	TP APP BY	TP EXPIRES	
MSHP	FBI		
CHECK	MO	CASH	DEPOSITED

SECTION I - PROFILE INFORMATION

1. HAVE YOU EVER BEEN LICENSED AS A LICENSED PRACTICAL NURSE IN MISSOURI BEFORE? IF YES, DO NOT COMPLETE THIS APPLICATION AND CONTACT THE MISSOURI STATE BOARD OF NURSING.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. HAVE YOU EVER APPLIED FOR AN LPN LICENSE IN THE STATE OF MISSOURI? IF YES, YEAR _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)		PREVIOUS OR OTHER NAME(S)	
PRIMARY RESIDENCE (WHERE YOU VOTE, PAY FEDERAL TAXES, OBTAIN A DRIVER'S LICENSE) - PHYSICAL ADDRESS REQUIRED, PO BOXES ARE NOT ACCEPTABLE			
CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN PRIMARY RESIDENCE) STREET OR PO BOX			
CITY		STATE	ZIP CODE
5. DATE OF BIRTH MONTH DAY YEAR	PLACE OF BIRTH (CITY) (STATE) (COUNTY)	MOTHER'S MAIDEN LAST NAME	
6. **SOCIAL SECURITY NUMBER (MANDATORY, USED FOR IDENTIFICATION PURPOSES ONLY)		TELEPHONE NO. - HOME ()	TELEPHONE NO. - WORK ()
7. INTERNET E-MAIL ADDRESS (OPTIONAL - PLEASE PRINT)		FAX NUMBER (OPTIONAL)	

NURSE LICENSURE COMPACT

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SECTION II - PRACTICAL NURSING EDUCATION

13. DID YOU GRADUATE FROM AN ACCREDITED PRACTICAL NURSING PROGRAM?

☐ YES ☐ NO

14. SCHOOL OF PRACTICAL NURSING

ADDRESS (CITY)

(STATE)

GRADUATION DATE

***Primary State of residence** means the State of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence; driver's license, voter registration card, federal income tax return.

SECTION III - LICENSURE HISTORY - ATTACH ADDITIONAL SHEET IF NECESSARY

NAME OF STATE	TYPE OF LICENSE	LICENSE NUMBER	IS THIS LICENSE CURRENT/ACTIVE	DISCIPLINARY ACTION AGAINST LICENSE
ORIGINAL STATE/EXAMINING STATE	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER STATE	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER STATE	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER STATE	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER STATE	<input type="checkbox"/> RN <input type="checkbox"/> LPN		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV - SCREENING QUESTIONS**ABSOLUTE AND COMPLETE CANDOR IS REQUIRED.****IF YOU ARE IN DOUBT WHETHER OR NOT TO REPORT, YOU SHOULD REPORT IT.**15. Have you ever been issued a professional license, certification, registration, or permit by any state, United States, territory, province or foreign country other than the licenses listed above? ☐ YES ☐ NO**IF YES, IDENTIFY TYPE OF LICENSE, WHEN ISSUED AND BY WHOM.**16. Have you ever been denied a professional license, certification, registration or permit? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.17. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.17a. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program? ☐ YES ☐ NO
IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES AND REASON FOR PARTICIPATION.17b. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion? ☐ YES ☐ NO
IF YES, PROVIDE A WRITTEN EXPLANATION INCLUDING THE STATE, DATES, AND REASONS FOR PARTICIPATION AND TERMINATION.18. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration, or permit you hold? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.19. Have you ever voluntarily surrendered or relinquished any professional license, certification, registration, or permit during or following an investigation? (This does not include failing to renew your license or allowing it to lapse for non-disciplinary reasons.) ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT.

SECTION IV - SCREENING QUESTIONS (continued)

20. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any crime, whether or not sentence was imposed excluding traffic violations? (This includes any crime where the disposition was a suspended imposition of sentence (SIS), or a suspended execution of sentence (SES), or if you pled guilty but were placed in an alternative or diversion court, including drug or DWI court.) ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).
21. Have you ever been convicted, adjudged guilty by a court, pled guilty, pled nolo contendere or entered an Alford plea to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? (This includes a disposition of a suspended imposition of sentence (SIS), suspended execution of sentence (SES), or placement in a post plea alternative or diversion court and includes municipal charges of driving while intoxicated, driving under the influence and/or driving with excessive blood alcohol content.) ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).
22. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception, or malpractice related to your practice as a licensed practical nurse? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE CERTIFIED COPIES OF COURT DOCUMENTS (I.E. DOCKET SHEET, COMPLAINT, AND FINAL DISPOSITION).
23. Do you have any condition or impairment, including a history of alcohol or substance abuse that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT
24. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY IN A SEPARATE NOTARIZED STATEMENT AND PROVIDE THE DISCHARGE SUMMARY OR OTHER OFFICIAL DOCUMENTATION THAT SHOWS YOUR DIAGNOSIS, PROGNOSIS, AND TREATMENT PLAN.
25. Are you listed on any state or federal sexual offender registry? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.
26. Have you ever been placed on an employee disqualification list or other related restriction of finding pertaining to employment within a health-related profession issued by any state or federal government or agency? ☐ YES ☐ NO
IF YES, EXPLAIN FULLY ON A SEPARATE NOTARIZED STATEMENT.

SECTION V - REFERENCES

25. List the name, address and telephone number of two individuals who will always know where to reach you and indicate their relationship to you. The references cannot have the same daytime telephone number. This information will be used to contact you, if necessary.

1. NAME	DAYTIME TELEPHONE NO. ()
ADDRESS	RELATIONSHIP
2. NAME	DAYTIME TELEPHONE NO. ()
ADDRESS	RELATIONSHIP

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.**

SECTION VI - AFFIDAVIT (TO BE NOTARIZED BY A NOTARY PUBLIC)

I am aware that all documents needed for licensure by endorsement must be received in the Board office before my application expires and that it is my legal and professional responsibility to inquire at the Board office before my application and/or temporary permit expires regarding the status of my application. I also realize that I cannot work as a nurse in Missouri without a current Missouri license or temporary permit. This includes orientation as well as any other employment in which I am being compensated as a nurse, regardless of whether or not the position includes hands on patient care.

Being duly sworn, I state that I am the person who is referred to in the foregoing application for licensure as a Licensed Practical Nurse in the State of Missouri; that the statements therein are strictly true in every respect; that I have complied with all requirements of law; and that I have read and understood this affidavit.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶		APPLICANT SIGNATURE	
STATE OF		COUNTY OF	NOTARY PUBLIC EMBOSSEY SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.	
DAY OF 20			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

NO TEMPORARY PERMIT OR LICENSE MAY BE ISSUED IF THE APPLICANT FAILS TO COMPLETE ANY PORTION OF THIS APPLICATION.

Note: **You must provide your social security number pursuant to state and federal law.**

If you fail or refuse to provide your social security number, we will consider your initial application or renewal application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application and could result in the imposition of late fees, administrative revocation of your license, a lapsed license or disciplinary action against your license.

Data provided below is **voluntary** and is not required in order to submit an Application for Licensure. This data will assist the department in nurse demographics. **PLEASE PRINT IN BLACK INK.**

GENDER	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
RACE/ETHNIC GROUP	
<input type="checkbox"/> CAUCASIAN (WHITE)	<input type="checkbox"/> AFRICAN-AMERICAN
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER	<input type="checkbox"/> OTHER (if other please indicate) _____
NATIONALITY	
<input type="checkbox"/> AMERICAN	<input type="checkbox"/> FOREIGN (please indicate) _____
LANGUAGE	
<input type="checkbox"/> ENGLISH	<input type="checkbox"/> FOREIGN (please indicate) _____
CITIZENSHIP	
<input type="checkbox"/> UNITED STATES	<input type="checkbox"/> FOREIGN (please indicate) _____